

16523 U.S. PTO

PTO/SB/05 (06-03)


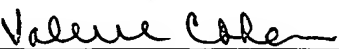
Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 529642001020	
		First Inventor Allen G. GOOD	
		Title PLANTS WITH ENHANCED LEVELS OF NITROGEN UTILIZATION PROTEINS IN THEIR ROOT EPIDERMIS AND USES THEREOF	
		Express Mail Label No. EL968416434US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<div style="display: flex; flex-direction: column;"><div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (in duplicate, 2 pages)</div><div>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div><div>3. <input checked="" type="checkbox"/> Specification [Total Pages 77] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div><div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 26]</div><div>5. Oath or Declaration [Total Sheets 2]<div style="margin-left: 20px;"><div>a. <input type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small></div><div>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div></div></div><div>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (3 pages)</div></div>		<div style="display: flex; flex-direction: column;"><div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div><div>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)<div style="margin-left: 20px;"><div>a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div>b. Specification Sequence Listing on:<div style="display: flex; justify-content: space-between;"><div>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div>ii. <input type="checkbox"/> Paper</div></div></div><div>c. <input type="checkbox"/> Statements verifying identity of above copies</div></div></div></div>	
ACCOMPANYING APPLICATIONS PARTS			
<div style="display: flex; flex-direction: column;"><div>9. <input type="checkbox"/> Assignment Papers (cover sheet & documents) (2 pages)</div><div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement w/copy of Assignment (2 pages) <input type="checkbox"/> Power of Attorney (1 page)</div><div>11. <input type="checkbox"/> English Translation Document (if applicable)</div><div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div><div>13. <input type="checkbox"/> Preliminary Amendment</div><div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div><div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div><div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. (1 page)</div><div>17. <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 20px; width: 150px;"></div></div></div>			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"><div style="display: flex; align-items: center;"><input type="checkbox"/> Continuation</div><div style="display: flex; align-items: center;"><input type="checkbox"/> Divisional</div><div style="display: flex; align-items: center;"><input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 10/321,718</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Prior application information: Examiner Not Yet Assigned</div><div>Art Unit: 1634</div></div> <p style="font-size: small; margin-top: 5px;">For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
19. CORRESPONDENCE ADDRESS			
<div style="display: flex; align-items: center; margin-bottom: 10px;"><input checked="" type="checkbox"/> Customer Number: <div style="border: 1px solid black; padding: 2px 20px;">20872</div> OR <input type="checkbox"/> Correspondence address below</div>			
<div style="display: flex; flex-direction: column;"><div>Name</div><div>Address</div><div style="display: flex; justify-content: space-between;"><div>City</div><div>State</div><div>Zip Code</div></div><div style="display: flex; justify-content: space-between;"><div>Country</div><div>Telephone</div><div>Fax</div></div></div>			
Name (Print/Type) Otis Littlefield		Registration No. (Attorney/Agent) 48,751	
Signature		Date January 12, 2004	
<p>I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL968416434US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Dated: January 12, 2004</div><div>Signature: (Valerie Cohen)</div></div>			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003				Complete if Known			
Effective 01/01/2003, Patent fees are subject to annual revision.				Application Number		Not Yet Assigned	
				Filing Date		Concurrently Herewith	
				First Named Inventor		Allen G. GOOD	
				Examiner Name		Not Yet Assigned	
				Art Unit		Not Yet Assigned	
				Attorney Docket No.		529642001020	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT		(\$)		493.00			
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES			
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Small Entity							
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid				
1001 770	2001 385	Utility filing fee	385.00				
1002 330	2002 165	Design filing fee					
1003 520	2003 260	Plant filing fee					
1004 750	2004 375	Reissue filing fee					
1005 160	2005 80	Provisional filing fee					
SUBTOTAL (1)			(\$)	385.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims		32	-20 =	12	x	9	= 108.00
Independent Claims		2	-3 =	0	x	43	= 0.00
Multiple Dependent				145	=	0.00	
Large Entity Small Entity							
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid				
1202 18	2202 9	Claims in excess of 20					
1201 84	2201 43	Independent claims in excess of 3					
1203 280	2203 145	Multiple dependent claim, if not paid					
1204 84	2204 42	** Reissue independent claims over original patent					
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)			(\$)	108.00			
**or number previously paid, if greater; For Reissues, see above							
Other fee (specify)							
SUBTOTAL (3)				(\$)	0.00		
SUBMITTED BY				Complete (if applicable)			
Name (Print/Type)		Otis Littlefield		Registration No. (Attorney/Agent)	48,751		Telephone
Signature				Date		January 12, 2004	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL968416434US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.							
Dated: January 12, 2004		Signature: 		(Valerie Cohen)			